SCC eFile	2012 ANNUAL RE COMMONWEALTH OF STATE CORPORATION C		212535222			
1.) CORPORATION NAME:			DUE DATE:	10/31/2012		
VIGILANT INSURANCE COMP 2.) VA REGISTERED AGENT NAM CT CORPORATION SYSTEM				SCC ID NO: <b>F0067647</b>		
4701 COX RD		5.) STOCK INFORMATION		NFORMATION		
GLEN ALLEN, VA 23060-6802			CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REG RICHMOND CITY	SISTERED OFFICE:		COMMON	200,000		
4.) STATE OR COUNTRY OF INCO NY	ORPORATION:					
6.) PRINCIPAL OFFICE ADDRESS	:					
ADDRESS: 15 MOUNTAIN VIEW RD						
CITY/ST/ZIP: WAR	REN, NJ 07059					
7.) DIRECTORS AND PRINCIPAL (			officers must that the officers are of the officers are of the officers are officers.	e listed. An individual dan officer.		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL JOSEPH KRUMP PRESIDENT 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059	X OFFIC	ER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W BRIAN BARNES VP/ACTUARY 15 MOUNTAIN VIEW RD WARREN, NJ 07059	X OFFIC	EER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W ANDREW MACAN VP/S 15 MOUNTAIN VIEW RD WARREN, NJ 07059	X OFFIC	ER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS A NORDSTROM VP/T 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059	X OFFIC	EER	X DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA TOMCZYK ASST SECRETARY 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059	X OFFIC	EER	DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DINO ENNIO ROBUSTO CHAIRMAN 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059	X OFFIC	EER	X DIRECTOR		

			X OFFICER	χ DIRECTOR		
	NAME:	RICHARD G SPIRO				
	TITLE:	SVP & CFO				
	ADDRESS:	15 MOUNTAIN VIEW ROAD				
	CITY/ST/ZIP/CO:	WARREN, NJ 07059				
			OFFICER	χ DIRECTOR		
	NAME:	JOEL DAVID ARONCHICK				
	TITLE:	DIRECTOR				
	ADDRESS:	15 MOUNTAIN VIEW ROAD				
	CITY/ST/ZIP/CO:	WARREN, NJ 07059				
			OFFICER	χ DIRECTOR		
	NAME:	JON CORY BIDWELL	GITIGEN	A BINZETON		
	TITLE:	DIRECTOR				
	ADDRESS:	15 MOUNTAIN VIEW ROAD				
	CITY/ST/ZIP/CO:	WARREN, NJ 07059				
		***************************************	OFFICER	PUREOTOR		
	NIAME.	101111110000011111000011	OFFICER	X DIRECTOR		
	NAME: TITLE:	JOHN JOSEPH KENNEDY				
	ADDRESS:	DIRECTOR				
	CITY/ST/ZIP/CO:	15 MOUNTAIN VIEW ROAD				
	CITT/31/ZIF/CO.	WARREN, NJ 07059				
			OFFICER	X DIRECTOR		
	NAME:	HAROLD LAWRENCE MORRI	SON, JR.			
	TITLE:	DIRECTOR				
	ADDRESS:	15 MOUNTAIN VIEW ROAD				
	CITY/ST/ZIP/CO:	WARREN, NJ 07059				
			OFFICER	χ DIRECTOR		
	NAME:	PETER JAMES TUCKER				
	TITLE:	DIRECTOR				
	ADDRESS:	55 WATER STREET				
	CITY/ST/ZIP/CO:	NEW YORK, NY 10041				
			OFFICER	χ DIRECTOR		
	NAME:	JEFFREY ALLEN UPDYKE				
	TITLE:	DIRECTOR				
	ADDRESS:	555 LONG WHARF DRIVE				
	CITY/ST/ZIP/CO:	NEW HAVEN, CT 06511				
I AFFIRM TH	AT THE INFORMATION	<u> </u>	CTRONIC REPORT IS A	CCURATE AND		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ PATRICIA	TOMCZYK	PATRICIA TOMCZYK, AS	SST	9/14/2012		
	OF DIRECTOR/OFFICER			DATE		
LISTE	O IN THIS REPORT	PRINTED NAME AND CO	RPORATE			
TITLE						
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material						
respect with the intent that the document be delivered to the Commission for filing.						